

CITY OF SALEM
LICENSING BOARD
120 WASHINGTON STREET
978-745-9595 EXT 421

REQUIREMENTS FOR A COMMON VICTUALLER LICENSE

1. Common Victualler Application.
 - If a corporation, must have a vote authorizing the application for a license.
 - Must submit Certified Articles of Organization.
 - If a partnership, must submit a partnership agreement.
2. Health Department Notification Form or a letter from the Health Department..
 - Must be signed by the Health Department and submitted with the application.
3. Routing Slip or Certificate of Inspection
 - Must be submitted with all signatures, prior to issuance of the license.
4. If property is being leased:
 - A signed copy of the lease must be submitted.
5. Must be advertised for one day in the Salem News.
 - This office will supply the notice for you to have published.
 - Original advertisement must be submitted to this office.
6. Abutters must be notified of the application.
 - This office will supply you with a certified abutter's list.
Within three days of the publication you must notify the abutters by certified mail, with a returned receipt. The certified receipts (green cards) must be submitted to this office.
7. \$50.00 fee (calendar year).
8. Purchase & Sales Agreement (if applicable)
9. Floor Plan.
10. Menu



CITY OF SALEM, MASSACHUSETTS

LICENSING BOARD

120 WASHINGTON STREET
SALEM, MA 01970
TEL. 978-745-9595 EXT. 5648
FAX 978-744-6775

DAVID J. SHEA, CHAIRMAN
JOHN H. CASEY
RICHARD C. LEE

BARBARA A. SIROIS
CLERK OF THE BOARD

KIMBERLEY DRISCOLL
MAYOR

COMMON VICTUALLER APPLICATION

TO THE LICENSING BOARD:

I, the undersigned, duly authorized by the concern herein mentioned, apply for a new/renewal common victualler license.

1. Name of concern: _____

2. Address: _____ Tele. # _____

3. Is the above concern an individual, co-partnership, an association or corporation? _____

4. If an individual, state full name, residential address, Soc. Sec. # and telephone number. If a co-partnership, state full names, residential addresses Soc. Sec. # and telephone numbers of persons composing it.

5. If an association or corporation, fill in the following paragraph.

(Place an * before the name of each director)

Name	No. of shares	Address	Tele. #
Name s.s. # President			
Name s.s. # Treasurer			
Name s.s. # Clerk			

HOURS/DAYS OF OPERATION:

NAME: _____

SEATING =

RESIDENCE: _____

FEE \$50.00

ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY



CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD

120 WASHINGTON STREET
978-745-9595 ext. 421

NOTIFICATION FORM

IF YOUR APPLICATION INCLUDES THE SERVING OF FOOD YOU MUST HAVE THIS
FORM SIGNED BY THE HEALTH DEPARTMENT PRIOR TO SUBMITTING YOUR
APPLICATION TO THE LICENSING BOARD.
(this form MUST be signed and returned with your application).

NAME OF BUSINESS

Corporate name:

d/b/a:

LOCATION:

TELE. #

TYPE OF LICENSE

APPLICANTS INFORMATION

Name:

Home address:

City:

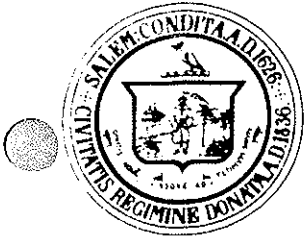
Home tele. #

State:

Zip:

HEALTH AGENT/INSPECTOR'S COMMENTS:

Health Agent



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MAYOR

ROUTING SLIP

The Salem Licensing Board requires each applicant to have the appropriate Departments sign this Routing Slip and return it to the Licensing Board Office prior to the issuance of a license.

BUSINESS NAME

Corporate name:
d/b/a:

LOCATION:

Tele. #

TYPE OF LICENSE:

APPLICANTS NAME:

Residence

Street:

Home tele. #

City:

State:

Zip:

TO ALL CITY DEPARTMENTS: your signature on this form is notifying the Licensing Board that all requirements of your department have been met, at which time the Licensing Board will issue a license.

Salem Historic Commission DATE
120 Washington Street

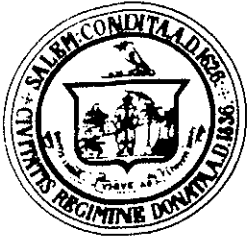
Sign Review/Planning Dept. DATE
120 Washington Street

Salem Health Department DATE
120 Washington Street

Fire Prevention DATE
29 Fort Ave.

Building Inspector DATE
120 Washington Street

Department of Public Services DATE
(Water Dept.)
120 Washington Street



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COMMON VICTUALLER APPLICATION
RENEWAL

TO THE LICENSING BOARD:

I, the undersigned, duly authorized by the concern herein mentioned, apply for a new/renewal common victualler license.

1. Name of concern: _____
2. Address: _____ Tele. # _____
3. Is the above concern an individual, co-partnership, an association or corporation? _____
4. If an individual, state full name, residential address, Soc. Sec. # and telephone number. If a co-partnership, state full names, residential addresses Soc. Sec. # and telephone numbers of persons composing it.

5. If an association or corporation, fill in the following paragraph.
(Place an * before the name of each director)

Name	No. of shares	Address	Tele. #
Name s.s. # President			
Name s.s. # Treasurer			
Name s.s. # Clerk			

HOURS/DAYS OF OPERATION:

NAME: _____

RESIDENCE: _____

SEATING = _____

FEE \$50.00 ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY